

pneumonia is said to be 10–30% but in practice it is probably considerably lower than this in most centres in the UK. The comment is also made that the mortality is “over 90% in those who present in respiratory failure”. I rather doubt that this is true and I presume that the authors mean that the mortality is over 90% in those who require assisted ventilation. This chapter discusses the various therapies in considerable detail and is of great practical value. It makes the important point that nebulised pentamidine should probably only be used in patients with mild disease. The authors conclude that the first line treatment for pneumocystis pneumonia is co-trimoxazole or pentamidine, whereas in truth it is likely that co-trimoxazole is superior to pentamidine and indeed the authors present data to support this. A further discrepancy arises over the treatment of *Mycobacterium kansasii* which the authors say responds well to standard chemotherapy. In practice it is usual to treat *kansasii* with a regime that includes ethambutol because the organism is resistant to isoniazid and pyrazinamide. It is, therefore, probably misleading to say that it responds well to standard therapy, which most physicians would regard as being rifampicin, isoniazid and pyrazinamide.

Chapter 5 is a fascinating description of the management of respiratory failure in patients with pneumocystis pneumonia. My only quarrel would be with an early statement “despite . . . diagnostic advances and increased awareness the mortality of pneumocystis pneumonia has not fallen.” The reference that the authors quote in support of that statement is a 1986 paper and as the authors note elsewhere in their book the mortality from pneumocystis has indeed fallen in recent years. Chapter 6 of the book is concerned with the very important issue of the prevention of lung infections in patients with HIV and is a particularly valuable contribution from Dr Hopewell of San Francisco. Dr Hopewell makes the compelling case for knowledge about HIV status and the degree of immunosuppression (particularly the CD4 count) so that patients can be correctly “staged” and offered prophylactic therapy at an appropriate time. The effectiveness of prophylaxis against pneumocystis pneumonia is very impressive, and it is probable that prophylaxis against

tuberculosis and bacterial pneumonias is relevant in some patients. The chapter on anti-retroviral treatment in HIV disease is by Dr Pinching and is an enormously authoritative account of the present situation. It is a pleasure to read a chapter that is so obviously written by an expert in the field.

Overall this volume is concisely written in excellent linguistic style. I think that it will be a useful addition to the bookshelf of all of us caring for patients with HIV infection. This is a rapidly evolving field and I do hope that the excellent editors are given the opportunity of producing a second edition in a few years time.

JOHN MOXHAM

Learning Genito-Urinary Medicine and HIV Disease through MCQ. By P Fisk. (Pp 189; Price £11.50) Chichester, John Wiley and Sons. 1990. ISBN 0 471 92775 9.

This is a useful short text which provides a comprehensive introduction to all aspects of modern day genitourinary medicine. It is aimed at medical students doing their clinical attachments. Different medical schools attach different degrees of importance to GU medicine and some students may feel the subject too small and specialised to be worth purchasing a specific text, although medical school libraries should acquire it. It will, however, appeal to newcomers to the speciality and to General Practitioners looking for brief guidelines to differential diagnosis and management.

The first half of the book is divided into chapters based on common clinical presentations such as genital discharge, ulceration and skin problems. Each section then has relevant MCQs with a topic discussion and the answers. This style appeals by capturing the reader's interest with a challenge followed by an immediate explanation. This avoids the frustration of other similar texts where discussions and answers can be either difficult to locate or simply absent. There is always the problem of the perfect MCQ, particularly in a biological subject, with simple true/false questions and answers. For example in one question about conditions producing genital itch one answer is genital warts. The listed response is a definite “False” but the discussion goes on to say

“usually” not. Another problem with short texts is oversimplification of more controversial topics. Diathermy loop excision (DLE) of the transformation zone is a relatively new technique currently in vogue. It has not been fully evaluated and may be associated with long term complications. The author suggests DLE is the treatment of choice for CIN without differentiating between grades of abnormality. There is no mention of the high frequency of low grade abnormality, usually not requiring treatment, in clinic attenders.

To help the reader select important versus less important information, each topic has “CORE” or “ADDITIONAL” at the foot of the page. In a book of this size subselection is probably unnecessary. Furthermore some of the “ADDITIONAL” topics, such as Behçets disease or lymphadenopathy, may be more relevant to medical students, geared towards examinations, than conventional STD topics.

A third of the book is devoted to HIV/AIDS which reflects the size and significance of the problem. The section provides a balanced overview for the non-specialist and is also a useful introduction for medical students.

All in all this is a well presented “user-friendly” book which can be recommended to a broad range of specialist and non-specialist doctors as well as non-medical staff working in the field. It will appeal to overseas doctors revising for the diploma of GU medicine and, thinking of 1992, to those in other European countries where venereology and dermatology have not been separated.

ANNE EDWARDS

Strong Medicine. Doctors at Home and Abroad. By A C King and A J King. Worthing: Churchman Publishing Limited. (Pp 348; £6.95). 1990.

Strong Medicine is of compelling interest for Old Londoners and those working in sexually transmitted disease. It is entertaining and remarkably frank so that it grips attention. It is the story of the elder two brothers of a family of six children born in Hackney, AC in 1900, AJ in 1902. The first two jointly written chapters tell of their English father building up a modest laundry into a flourishing business. The brothers helped with

odd jobs including getting up at 6.00 am to light the boiler. Their Irish mother had as a girl hung a portrait of Queen Victoria over her father's bed. Then in the early hours she would hear two thumps telling her that her father was in and had thrown his boots at the picture of the Queen.

The brothers became day-boys with the Jesuit Fathers who earned their life-long admiration. School fellows included Alfred Hitchcock and John Carmel Heenan. A particular friend was an older Irish boy Reginald Dunn, who later was invalidated out of the Irish Guards. They lost touch with him in 1920 until he was arrested for murdering Field Marshal Sir Henry Wilson. The brothers visited him in Brixton and also visited his utterly devastated parents. Outraged by the "Black and Tans" their friend had become Commandant of the IRA London Brigade. His statement, not published in English newspapers after his execution, is published here.

AJ followed his brother to The London and in taking the Final FRCS. He took up venereology at the White-chapel Clinic after Professor William Bulloch had said that, in this field, his future would depend upon human nature which would never let him down; advice that he would remember all his life. AJ tells of The London and includes vintage O'D (O'Donovan) stories. He tells of major figures in the UK and abroad, of war experiences, advances in treatment and decline in administration. He considers that perhaps medical care is a commodity which should be paid for according to means.

After the war, new effective treatments led to the view that sexually transmitted disease was conquered. So in the UK the London Lock Hospital closed and in the USA the commanding identity of Earle Moore's Medicine 1 at Johns Hopkins Hospital was lost.

Perhaps AJ's greatest achievement was maintaining the specialty when opinion was generally against it. Although he does not mention this, the turning point may have been his Malcolm Morris Memorial Lecture in 1957. He tells of his experience as Adviser to the Ministry of Health when he consolidated and expanded the specialty and raised standards.

AC died in Pretoria in 1982. He was clear that, but for the atom bomb and Japanese surrender on 15 August 1945, he and many other POWs would

have died in the death march due on 18 August.

We must hope that his strong view that compromise between the black and white races is impossible is being proven wrong.

This book is a must. At £6.95 it is a real bargain.

EMC DUNLOP

NOTICES

The 11th Congress of the International Society for the Study of Vulvar Disease will be held in the Randolph Hotel, Oxford from 22-26 September 1991

Candidates for Fellowship should write to: Secretary General, Dale Brown Jr MD, 7515 South Main, Suite 670 Houston, TX 77030 USA. Tel: 010 1 713 797 1144. Fax: 010 1 713 797 0556.

Candidates will be required to make a formal presentation (paper or poster) at the meeting, for which abstracts will be called in early 1991.

It may be possible to attend as a guest. Early registration should be applied for by March 1991.

For further information please contact: Dr C M Ridley (President ISSVD), Whittington Hospital, Highgate Hill, London N19 5NF, United Kingdom, Tel: 071 272 3070 ext 4575.

The Congress will be followed by a Study Day to be held at the Randolph Hotel on Friday 27 September 1991.

All interested are invited to make further enquiries from Dr Ridley (as above) or from: Dr M J Godley (Honorary Secretary MSSVD), Consultant in Genito-Urinary Medicine, The Royal Berkshire Hospital, Reading RG1 5AN, United Kingdom. Tel: 0734 877206.

The Medical Society for the Study of Venereal Diseases Undergraduate Prize Regulations

A prize of £150.00 to be called the MSSVD UNDERGRADUATE PRIZE will be awarded annually by the MSSVD (provided an entry of a suitable standard is received).

Entries for the prize will take the form of a report written in English.

The subject of the report should be related to sexually transmitted disease, genitourinary medicine or HIV infection.

The report should concern original and unpublished observations made by the entrant. The report, which should not exceed 2000 words, should include an introduction to the subject, methods used to make the observations, findings and discussion. A summary of the report on a separate sheet should also be provided. Entries must be machine or type-written and double spaced on one side only of A4 paper. Three copies must be submitted.

The subject must be approved by a genitourinary physician to the entrant's medical school. The observation must be made before full registration. A winner may not enter for the Prize again. Each entry should be accompanied by a declaration that these conditions have been fulfilled.

Entries should be submitted to the Hon Secretary of the Medical Society for the Study of Venereal Diseases by 30 June each year. They will then be considered by the President, the Hon Secretary and the Hon Treasurer. When appropriate other experts may be consulted. These assessors will make recommendations to Council who will make the final decision concerning the Prize.

Entries must be submitted within 12 months of full registration or its equivalent.

Regulations are obtainable from the Hon Secretary MSSVD.

The assessors may ask the editor of an appropriate journal to consider an entry for publication. If so, it will be received for publication in the usual way.

Northern Genitourinary Physicians Colposcopy Group

The next meeting will be on 18 May, 1991, 10.30 am at the Excelsior Hotel, Manchester Airport. All members and potential members are invited.

The guest speaker will be Dr Michael Wells, Consultant Pathologist in Leeds, who will address the Society on *HPV, CMV, EB and other viruses in the lower female genital tract.* This will be followed by the Annual Registrars Presentation and Prize.

For details of this meeting and membership, please contact the Secretary: David Hicks, Department GU Medicine, Royal Hallamshire Hospital, Glossop Road, Sheffield S10 2JF, UK